

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TENNESSEE

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name What About Us In Home Health Care, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 47-2895613

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

645 E. Georgia Ave.  
Memphis, TN 38126

Number, Street, City, State & ZIP Code

Shelby  
County

3320 Austin Peay Highway  
Memphis, TN 38128

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **What About Us In Home Health Care, Inc.** Case number (if known) \_\_\_\_\_  
Name

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.  
 \_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **What About Us In Home Health Care, Inc.** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **Nakita Cannady and Carl Cannady, Jr.** Relationship **Individual is Presi./Shareholder**  
District **WDTN** When Case number, if known **23-24835**

11. Why is the case filed in this district? Check all that apply:  
☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.  
☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**  
☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_  
☐ It needs to be physically secured or protected from the weather.  
☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).  
☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**  
☐ No  
☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

#### Statistical and administrative information

13. Debtor's estimation of available funds Check one:  
☒ Funds will be available for distribution to unsecured creditors.  
☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000  
☐ 50-99 ☐ 5001-10,000 ☐ 50,001-100,000  
☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000  
☐ 200-999

15. Estimated Assets ☒ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion  
☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion  
☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion  
☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

Debtor **What About Us In Home Health Care, Inc.** Case number (if known) \_\_\_\_\_  
Name

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

Debtor **What About Us In Home Health Care, Inc.** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 20, 2023**  
MM / DD / YYYY

**X /s/ Nakita Cannady**  
Signature of authorized representative of debtor  
  
Title **President and CEO**

**Nakita Cannady**  
Printed name

**18. Signature of attorney**

**X /s/ Toni Campbell Parker**  
Signature of attorney for debtor

Date **November 20, 2023**  
MM / DD / YYYY

**Toni Campbell Parker**  
Printed name

**Law Firm of Toni Campbell Parker**  
Firm name

**45 N. Third Ave., Ste. 201**  
**Memphis, TN 38103**  
Number, Street, City, State & ZIP Code

Contact phone **901-683-0099** Email address **tparker002@att.net**

**006984 TN**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name **What About Us In Home Health Care, Inc.**  
 United States Bankruptcy Court for the: **WESTERN DISTRICT OF TENNESSEE**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Brown & Joseph BiBak Business						\$523.00
CIGNA John P. Dimanno, Esq. 900 Cottage Grove Rd., W3 SW Bloomfield, CT 06002		Overpayment				\$812,091.22
Comcast P.O. Box 530098 Atlanta, GA 30353-0098		Services				\$1,160.86
Federal Alarm 3550 Covington Pike #108 Memphis, TN 38128		Services				\$2,190.00
Internal Revenue Service Memphis, TN 38101-0069		Taxes				\$0.00
Regions Bank Regions Center 1900 5th Ave. Ste.1400 Birmingham, AL 35203				\$22,600.00	\$0.00	\$22,600.00
SBA 2 North St. Ste. 320 Birmingham, AL 35203		Renasant Bank		\$155,000.00	\$0.00	\$155,000.00
SBA 167 North Main St. Memphis, TN 38103		Cash on Hand		\$150,000.00	\$500.00	\$149,500.00

Debtor **What About Us In Home Health Care, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Simmons Bank P.O. Box 8012 c/o Centtsl Losn Admin. Little Rock, AR 72203		645/661 East Georgia, Memphis, Ave. Building is warehouse type space with the In Home Health Care Agency Office at one end of space and the Soul Trai		\$1,149,684.64	\$0.00	\$1,149,684.64
Simmons Bank P.O. Box 8012 c/o Centtsl Losn Admin. Little Rock, AR 72203		All business assets of Debtor and deed on 4983 Rowen Oak, Collierville, TN 38017		\$93,352.76	\$0.00	\$93,352.76
State of Tennessee Dept. of Revenue 500 Deaderick St. Nashville, TN 37242		taxes of Soul Train Lounge				\$10,000.00
Tennessee Labor and Workforce Bureau of Workers Comp 220 French Landing Nashville, TN 37243						\$0.00
Waste Connections 5901 Shelby Oaks Dr. Suite 180 Memphis, TN 38134		Services				\$0.00

**United States Bankruptcy Court  
Western District of Tennessee**

In re What About Us In Home Health Care, Inc.

Debtor(s)

Case No.

Chapter

11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Niquita Cannady</b> <b>4983 Rowen Oaks Rd.</b> <b>Collierville, TN 38017</b>	<b>President</b>	<b>100%</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President and CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date November 20, 2023

Signature /s/ Nakita Cannady  
**Nakita Cannady**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*



Brown & Joseph  
BiBak Business

Carl Cannady

Carl Cannady

CIGNA  
John P. Dimanno, Esq.  
900 Cottage Grove Rd., W3 SW  
Bloomfield, CT 06002

City of Memphis Treasurer  
City Hall, 125 N. Main, Ste. 375  
Memphis, TN 38103

CLA

Clover Leasing

Clover Leasing

Comcast  
P.O. Box 530098  
Atlanta, GA 30353-0098

Federal Alarm  
3550 Covington Pike #108  
Memphis, TN 38128

Federal Alarm

Internal Revenue Service  
Memphis, TN 38101-0069

Lee Webber

Nikita Cannady

Nikita Cannady

Nikita Cannady

Regions Bank  
Regions Center  
1900 5th Ave. Ste.1400  
Birmingham, AL 35203

SBA  
167 North Main St.  
Memphis, TN 38103

SBA  
2 North St. Ste. 320  
Birmingham, AL 35203

Shelby County Trustee  
P.O. Box 2751  
Memphis, TN 38101

Simmons Bank  
P.O. Box 8012  
c/o Centttsl Losn Admin.  
Little Rock, AR 72203

Simmons Bank  
P.O. Box 8012  
c/o Centttsl Losn Admin.  
Little Rock, AR 72203

State of Tennessee Dept. of Revenue  
500 Deaderick St.  
Nashville, TN 37242

Tennessee Labor and Workforce  
Bureau of Workers Comp  
220 French Landing  
Nashville, TN 37243

Waste Connections  
5901 Shelby Oaks Dr. Suite 180  
Memphis, TN 38134

**United States Bankruptcy Court  
Western District of Tennessee**

In re **What About Us In Home Health Care, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **What About Us In Home Health Care, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**November 20, 2023**

Date

**/s/ Toni Campbell Parker**

**Toni Campbell Parker**

Signature of Attorney or Litigant

Counsel for **What About Us In Home Health Care, Inc.**

**Law Firm of Toni Campbell Parker**

**45 N. Third Ave., Ste. 201**

**Memphis, TN 38103**

**901-683-0099 Fax:866-489-7938**

**tparker002@att.net**